

**MOTOROLA****FAX TRANSMITTAL SHEET**RECEIVED  
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Motorola, Inc.  
Intellectual Property Section  
Law Department  
600 North U.S. Highway 45  
Libertyville, IL 60048

Telephone: (847) 523-1987

Facsimile: (847) 523-2350

15

Number of Pages (including this page)

Date: 7/14/04

To: Commissioner for Patents

Location: United States Patent and Trademark Office

Fax No.: 703 872-9306

From: Shigeharu Furukawa

Registration No. 50,481

Subject: Serial No. 10/803,683

Docket No. CS24666RL

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**MESSAGE:**

Enclosed herewith, please find:

- ☒ Response to Notice to File Missing Parts
- ☒ Transmittal Form
- ☒ Fee Transmittal Form
- ☒ Declaration Combined with Power of Attorney

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:

Unknown

GROUP ART UNIT:

SERIAL NO.:

10/803,683

FILED:

3/18/04

INVENTOR:

Pecen, Mark E. et al.

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JUL 14 2004

DOCKET NO.: CS24666RL

## UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

APPLICANT(S): Pecen, Mark E. et al.  
APPLICATION NO.: 10/803,683  
FILED: 3/18/04  
GROUP ART UNIT:  
TITLE: Alternative Network Selection for a Communication Device

Commissioner for Patents  
Alexandria, VA 22313-1450

Attention: Customer Service Center  
Initial Patent Examination Division

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Sir:

Responsive to the Notice to File Missing Parts of Application dated 6/02/04  
please find enclosed:

|                                     |   |                                                          |
|-------------------------------------|---|----------------------------------------------------------|
| <input checked="" type="checkbox"/> | 8 | page Declaration Combined with Power of Attorney         |
| <input checked="" type="checkbox"/> | 1 | page copy of Notice to File Missing Parts of Application |
| <input type="checkbox"/>            |   | sheets of formal drawings                                |
| <input type="checkbox"/>            |   | Petition for extension of time                           |

The Commissioner is hereby authorized to charge all fees due to Account No. 50-2117. A fee transmittal is enclosed.

Respectfully submitted,

SEND CORRESPONDENCE TO:

Motorola, Inc.  
Law Department  
Customer Number: 20280

By: Shigeharu Furukawa  
SHIGEHARU FURUKAWA  
Agent of Record  
Reg. No.: 50,481  
Telephone: 847-523-1987  
Fax No.: 847-523-2350

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| PTO/SB/17 (1-03)                                                         |             | Complete if Known    |                       |
|--------------------------------------------------------------------------|-------------|----------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><br>Patent fees are subject to annual revision |             | Application Number   | 10/803,683            |
|                                                                          |             | Filing Date          | 3/18/04               |
|                                                                          |             | First Named Inventor | Pecen, Mark E. et al. |
|                                                                          |             | Examiner Name        | Unknown               |
|                                                                          |             | Group Art Unit       |                       |
| TOTAL AMOUNT OF PAYMENT                                                  | (\$ 130.00) | Attorney Docket No.  | CS24666RL             |

  

| METHOD OF PAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--------------|--------|--------|----------|------|------|------|------|--|------|------|-----|-----|--------------------|------|------|-----|-----|-------------------|------|------|-----|-----|------------------|------|------|-----|-----|--------------------|------|------|-----|----|------------------------|--------------|--|--|--|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--------------|----------------|----------|-------------|---------|----|--|--------|--------|----|--|--------------------|--|-----|--|--------------|--------------|--------|--------|-----------------|------|------|------|------|--|------|------|----|---|------------------------|------|------|----|----|-----------------------------------|------|------|-----|-----|----------------------------------------|-----|-----|----|----|----------------------------------------------------|-----|-----|----|---|------------------------------------------------------------|--------------|--|--|--|-------|-----------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------|--------|-----------|--------------|-----------|---------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br>Deposit Account Number <u>50-2117</u><br>Deposit Account Name <u>Motorola, Inc.</u><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | 3. ADDITIONAL FEES<br><table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee</th><th>Fee</th><th>Fee Description</th></tr><tr><th>Code</th><th>Code</th><th>(\$)</th><th>(\$)</th><th></th></tr></thead><tbody><tr><td>1051</td><td>2051</td><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr><tr><td>1052</td><td>2052</td><td>50</td><td>25</td><td>Surcharge - late Provisional filing</td></tr><tr><td>1053</td><td>1053</td><td>130</td><td>130</td><td>Non-English specification</td></tr><tr><td>1812</td><td>1812</td><td>2520</td><td>2520</td><td>Fee filing a request for ex parte Reexamination</td></tr><tr><td>1804</td><td>1804</td><td>920*</td><td>920*</td><td>Requesting publication of RTR prior to Examiner action</td></tr><tr><td>1805</td><td>1805</td><td>1840*</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr><tr><td>1251</td><td>2251</td><td>110</td><td>55</td><td>Extension for reply within first month</td></tr><tr><td>1252</td><td>2252</td><td>420</td><td>210</td><td>Extension for reply within second month</td></tr><tr><td>1253</td><td>2253</td><td>950</td><td>475</td><td>Extension for reply within third month</td></tr><tr><td>1254</td><td>2254</td><td>1480</td><td>740</td><td>Extension for reply within fourth month</td></tr><tr><td>1255</td><td>2255</td><td>2010</td><td>1005</td><td>Extension for reply within fifth month</td></tr><tr><td>1401</td><td>2401</td><td>330</td><td>165</td><td>Notice of Appeal</td></tr><tr><td>1402</td><td>2402</td><td>330</td><td>165</td><td>Filing a brief in support of an appeal</td></tr><tr><td>1403</td><td>2403</td><td>290</td><td>145</td><td>Request for oral hearing</td></tr><tr><td>1451</td><td>2451</td><td>1510</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr><tr><td>1452</td><td>2452</td><td>110</td><td>55</td><td>Petition to revive - unavoidable</td></tr><tr><td>1453</td><td>2453</td><td>1330</td><td>665</td><td>Petition to revive - unintentional</td></tr><tr><td>1501</td><td>2501</td><td>1330</td><td>665</td><td>Utility issue fee (or reissue)</td></tr><tr><td>1502</td><td>2502</td><td>480</td><td>240</td><td>Design issue fee</td></tr><tr><td>1503</td><td>2503</td><td>640</td><td>320</td><td>Plant issue fee</td></tr><tr><td>1460</td><td>2460</td><td>130</td><td>130</td><td>Petitions to the Commissioner</td></tr><tr><td>1807</td><td>1807</td><td>50</td><td>50</td><td>Processing fee under 37 CFR 1.17(a)</td></tr><tr><td>1806</td><td>1806</td><td>180</td><td>180</td><td>Submission of IDS</td></tr><tr><td>8021</td><td>8021</td><td>40</td><td>40</td><td>Recording each patent assignment per property (firm number of properties)</td></tr><tr><td>1809</td><td>2809</td><td>770</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr><tr><td>1810</td><td>2810</td><td>770</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr><tr><td>1801</td><td>2801</td><td>770</td><td>385</td><td>Request for Continued Examination (RCE)</td></tr><tr><td>1802</td><td>1802</td><td>900</td><td>900</td><td>Request for expedited examination of a design application</td></tr><tr><td colspan="2">(Other fee (specify))</td><td colspan="2"></td></tr><tr><td colspan="2">* Reduced by Basic Filing Fee paid</td><td colspan="2">SUBTOTAL (3) (\$ 130.00)</td></tr></tbody></table><br><table border="1"><thead><tr><th colspan="2">FEE CALCULATION</th></tr></thead><tbody><tr><td colspan="2">1. 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For Release, see above</td></tr></tbody></table></td></tr><tr><td colspan="2">SUBMITTED BY<br/>Name (Print/Type) <u>Shigeharu Furukawa</u><br/>Signature <u>Shigeharu Furukawa</u></td></tr></tbody></table><br><table border="1"><thead><tr><th colspan="2">Complete (if applicable)</th></tr></thead><tbody><tr><td>Registration No.</td><td>50,481</td></tr><tr><td>Telephone</td><td>847-523-1987</td></tr><tr><td>Mail Date</td><td>7/14/04</td></tr></tbody></table> |              | Large Entity                                                              | Small Entity | Fee         | Fee     | Fee Description | Code | Code   | (\$)   | (\$) |      | 1051               | 2051 | 130                | 65   | Surcharge - late filing fee or oath | 1052         | 2052   | 50                | 25              | Surcharge - late Provisional filing | 1053 | 1053 | 130              | 130  | Non-English specification | 1812 | 1812 | 2520               | 2520                   | Fee filing a request for ex parte Reexamination | 1804 | 1804 | 920*                   | 920*                              | Requesting publication of RTR prior to Examiner action | 1805 | 1805 | 1840*     | 1840*                                  | Requesting publication of SIR after Examiner action | 1251 | 2251 | 110 | 55                                                 | Extension for reply within first month | 1252 | 2252 | 420 | 210                                                        | Extension for reply within second month | 1253 | 2253 | 950 | 475   | Extension for reply within third month                          | 1254 | 2254 | 1480 | 740 | Extension for reply within fourth month | 1255 | 2255 | 2010 | 1005 | Extension for reply within fifth month | 1401 | 2401 | 330 | 165 | Notice of Appeal | 1402 | 2402 | 330 | 165 | Filing a brief in support of an appeal | 1403 | 2403 | 290 | 145 | Request for oral hearing | 1451 | 2451 | 1510 | 1510 | Petition to institute a public use proceeding | 1452 | 2452 | 110 | 55 | Petition to revive - unavoidable | 1453 | 2453 | 1330 | 665 | Petition to revive - unintentional | 1501 | 2501 | 1330 | 665 | Utility issue fee (or reissue) | 1502 | 2502 | 480 | 240 | Design issue fee | 1503 | 2503 | 640 | 320 | Plant issue fee | 1460 | 2460 | 130 | 130 | Petitions to the Commissioner | 1807 | 1807 | 50 | 50 | Processing fee under 37 CFR 1.17(a) | 1806 | 1806 | 180 | 180 | Submission of IDS | 8021 | 8021 | 40 | 40 | Recording each patent assignment per property (firm number of properties) | 1809 | 2809 | 770 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 2810 | 770 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | 1801 | 2801 | 770 | 385 | Request for Continued Examination (RCE) | 1802 | 1802 | 900 | 900 | Request for expedited examination of a design application | (Other fee (specify)) |  |  |  | * Reduced by Basic Filing Fee paid |  | SUBTOTAL (3) (\$ 130.00) |  | FEE CALCULATION |  | 1. 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For Release, see above</td></tr></tbody></table> |  | Total Claims | Extra Claims | Fee from below | Fee Paid | Independent | -20** = | 18 |  | Claims | -3** = | 86 |  | Multiple Dependent |  | 270 |  | Large Entity | Small Entity | Entity | Entity | Fee Description | Code | Code | Code | Code |  | 1615 | 2615 | 18 | 9 | Claims in excess of 20 | 1614 | 2614 | 36 | 18 | Independent claims in excess of 3 | 1616 | 2616 | 290 | 145 | Multiple dependent claims, if not paid | 109 | 209 | 84 | 42 | ** Release independent claims Over original patent | 110 | 210 | 18 | 9 | ** Release claims in excess of 20 and over original patent | SUBTOTAL (2) |  |  |  | (\$ ) | **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Release, see above |  |  |  |  | SUBMITTED BY<br>Name (Print/Type) <u>Shigeharu Furukawa</u><br>Signature <u>Shigeharu Furukawa</u> |  | Complete (if applicable) |  | Registration No. | 50,481 | Telephone | 847-523-1987 | Mail Date | 7/14/04 |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Small Entity | Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fee          | Fee Description                                                           |              |             |         |                 |      |        |        |      |      |                    |      |                    |      |                                     |              |        |                   |                 |                                     |      |      |                  |      |                           |      |      |                    |                        |                                                 |      |      |                        |                                   |                                                        |      |      |           |                                        |                                                     |      |      |     |                                                    |                                        |      |      |     |                                                            |                                         |      |      |     |       |                                                                 |      |      |      |     |                                         |      |      |      |      |                                        |      |      |     |     |                  |      |      |     |     |                                        |      |      |     |     |                          |      |      |      |      |                                               |      |      |     |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |      |     |     |                  |   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| 1. BASIC FILING FEE<br><table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Entity</th><th>Entity</th><th>Fee Paid</th></tr><tr><th>Code</th><th>Code</th><th>Code</th><th>Code</th><th></th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$ 0.00)</td></tr></tbody></table>                                                                                                                                                                                                                                                                           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| 2. EXTRA CLAIM FEES<br><table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Independent</td><td>-20** =</td><td>18</td><td></td></tr><tr><td>Claims</td><td>-3** =</td><td>86</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td>270</td><td></td></tr></tbody></table><br><table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Entity</th><th>Entity</th><th>Fee Description</th></tr><tr><th>Code</th><th>Code</th><th>Code</th><th>Code</th><th></th></tr></thead><tbody><tr><td>1615</td><td>2615</td><td>18</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1614</td><td>2614</td><td>36</td><td>18</td><td>Independent claims in excess of 3</td></tr><tr><td>1616</td><td>2616</td><td>290</td><td>145</td><td>Multiple dependent claims, if not paid</td></tr><tr><td>109</td><td>209</td><td>84</td><td>42</td><td>** Release independent claims Over original patent</td></tr><tr><td>110</td><td>210</td><td>18</td><td>9</td><td>** Release claims in excess of 20 and over original patent</td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$ )</td></tr><tr><td colspan="5">**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Release, see above</td></tr></tbody></table> |              | Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Extra Claims | Fee from below                                                            | Fee Paid     | Independent | -20** = | 18              |      | Claims | -3** = | 86   |      | Multiple Dependent |      | 270                |      | Large Entity                        | Small Entity | Entity | Entity            | Fee Description | Code                                | Code | Code | Code             |      | 1615                      | 2615 | 18   | 9                  | Claims in excess of 20 | 1614                                            | 2614 | 36   | 18                     | Independent claims in excess of 3 | 1616                                                   | 2616 | 290  | 145       | Multiple dependent claims, if not paid | 109                                                 | 209  | 84   | 42  | ** Release independent claims Over original patent | 110                                    | 210  | 18   | 9   | ** Release claims in excess of 20 and over original patent | SUBTOTAL (2)                            |      |      |     | (\$ ) | **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Release, see above |      |      |      |     |                                         |      |      |      |      |                                        |      |      |     |     |                  |      |      |     |     |                                        |      |      |     |     |                          |      |      |      |      |                                               |      |      |     |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |      |     |     |                  |      |      |     |     |                 |      |      |     |     |                               |      |      |    |    |                                     |      |      |     |     |                   |      |      |    |    |                                                                           |      |      |     |     |                                                               |      |      |     |     |                                                                  |      |      |     |     |                                         |      |      |     |     |                                                           |                       |  |  |  |                                    |  |                          |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |              |              |        |        |          |      |      |      |      |  |      |      |     |     |                    |      |      |     |     |                   |      |      |     |     |                  |      |      |     |     |                    |      |      |     |    |                        |              |  |  |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |              |              |                |          |             |         |    |  |        |        |    |  |                    |  |     |  |              |              |        |        |                 |      |      |      |      |  |      |      |    |   |                        |      |      |    |    |                                   |      |      |     |     |                                        |     |     |    |    |                                                    |     |     |    |   |                                                            |              |  |  |  |       |                                                                 |  |  |  |  |                                                                                                    |  |                          |  |                  |        |           |              |           |         |
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| SUBMITTED BY<br>Name (Print/Type) <u>Shigeharu Furukawa</u><br>Signature <u>Shigeharu Furukawa</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Complete (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application Number     | 10/803,683            |
|                                                                                     |    | Filing Date            | 3/18/04               |
|                                                                                     |    | First Named Inventor   | Pecon, Mark E. et al. |
|                                                                                     |    | Group Art Unit         |                       |
|                                                                                     |    | Examiner Name          | Unknown               |
| Total Number of Pages in this Submission                                            | 11 | Attorney Docket Number | CS24666RL             |

  

| ENCLOSURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><br><input type="checkbox"/> Extension of time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br><br>Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-Related papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter with appropriate copies<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Declaration Combined with Power of Attorney<br><input type="checkbox"/> sheet(s) formal drawings<br><input checked="" type="checkbox"/> copy of Notice to File Missing Parts of Application |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

  

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                           |                  |        |
|--------------------------------------------|---------------------------|------------------|--------|
| Firm or Individual                         | Shigeharu Furukawa        | Registration No. | 50,481 |
| Signature                                  | <i>Shigeharu Furukawa</i> |                  |        |
| Date                                       | 7/14/04                   |                  |        |

  

| CERTIFICATE OF TRANSMISSION                                                                                                               |                         |      |         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|---------|
| I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at 703-872-9306 on this date: |                         |      |         |
| Typed or printed name                                                                                                                     | Jennifer Magness        | Date | 7/14/04 |
| Signature                                                                                                                                 | <i>Jennifer Magness</i> |      |         |

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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/803,683         | 03/18/2004             | Mark E. Pecan         | CS24666RL              |

CONFIRMATION NO. 6162

20280  
MOTOROLA INC  
600 NORTH US HIGHWAY 45  
ROOM AS437  
LIBERTYVILLE, IL 60048-5343

## FORMALITIES LETTER

\*OC000000012846561\*

Date Mailed: 06/02/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The signature of the following inventor(s) is missing from the oath or declaration:  
*Mark E. Pecan and Niels Peter Skov Andersen*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

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